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Site Identification Form/
Preliminary Assessment (PA)

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OF THE ORIGINAL.

3/20/84

TX 03107

TX 03107

EPA **POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT**

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-JJS); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME: Foley, Alvin E.
B. STREET (or other identifier): 9102 Richmond Avenue
C. CITY: Houston
D. STATE: TX
E. ZIP CODE: 77063
F. COUNTY NAME: Harris
G. OWNER/OPERATOR (if known)
1. NAME: Alvin E. Foley, Owner
2. TELEPHONE NUMBER: (713)782-2594
H. TYPE OF OWNERSHIP
☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN
I. SITE DESCRIPTION: No sites have been identified. Mr. Foley operates a commercial bin-collection system on municipal refuse for apartments in Houston area. Wastes are disposed of in McCarty Rd. landfill (Type I) operated by BFI.
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.): Wapora file - D
K. DATE IDENTIFIED (mo., day, & yr.): 01/18/80
L. PRINCIPAL STATE CONTACT
1. NAME: Dan Scheppers, TDWR
2. TELEPHONE NUMBER: (512)475-1344

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM
☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☒ 4. NONE ☐ 5. UNKNOWN
B. RECOMMENDATION
☒ 1. NO ACTION NEEDED (no hazard)
☐ 2. IMMEDIATE SITE INSPECTION NEEDED
☐ 3. SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR: NOV 13 1992
b. WILL BE PERFORMED BY: REORGANIZED
c. WILL BE PERFORMED BY:
d. SITE INSPECTION NEEDED (low priority)
C. PREPARER INFORMATION
1. NAME: Philip J. Liang, Engineering-Science
2. TELEPHONE NUMBER: 713/943-2922
3. DATE (mo., day, & yr.): 11/18/82

III. SITE INFORMATION

A. SITE STATUS
☐ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if in some quantity)
☐ 2. INACTIVE (Those sites which no longer receive wastes)
☒ 3. OTHER (specify): (Those sites that include such incidents like "midnight burning" where no regular or continuing use of the site for waste disposal has occurred.) transporter of Class I nonhazardous solid wastes, no sites were identified.
B. IS GENERATOR ON SITE?
☒ 1. NO ☐ 2. YES (specify generator's four-digit SIC Code):
C. AREA OF SITE (in acres): NA
D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES
1. LATITUDE (deg.-min.-sec.): 29° 43' 45" N
2. LONGITUDE (deg.-min.-sec.): 95° 31' 40" W
E. ARE THERE BUILDINGS ON THE SITE?
☒ 1. NO ☐ 2. YES (specify):

T2070-2 (10-79)

Continue On Reverse

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IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
X 4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED
Transporter of Class I municipal refuse. Waste material disposed of in McCarty Road landfill operated by BFI.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☐ 2. LIQUID ☒ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☒ 10. OTHER (specify): Class I nonhazardous municipal solid wastes

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

h.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
None	None	None	None	Unknown	None
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
X (1) PAINT, PIGMENTS	X (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X (1) ACIDS	X (1) FLYASH	X (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTS. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTS. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS	Municipal refuse.	
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

Continued From Page 2

V. WASTE RELATED INFORMATION (continued)				
3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).				
None				
4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE. Collection of municipal refuse only. A previous PA was prepared on 04/13/82 by TDH and recommended no further action.				
VI. HAZARD DESCRIPTION				
A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark "X")	C. ALLEGED INCIDENT (mark "X")	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

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VII. PERMIT INFORMATION			
A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.			
<input type="checkbox"/> 1. NPDES PERMIT	<input type="checkbox"/> 2. SPCC PLAN	<input type="checkbox"/> 3. STATE PERMIT (specify):	
<input type="checkbox"/> 4. AIR PERMITS	<input type="checkbox"/> 5. LOCAL PERMIT	<input type="checkbox"/> 6. RCRA TRANSPORTER	
<input type="checkbox"/> 7. RCRA STORER	<input type="checkbox"/> 8. RCRA TREATER	<input type="checkbox"/> 9. RCRA DISPOSER	
<input type="checkbox"/> 10. OTHER (specify): None			
B. IN COMPLIANCE?			
<input type="checkbox"/> 1. YES	<input type="checkbox"/> 2. NO	<input checked="" type="checkbox"/> 3. UNKNOWN	
C. WITH RESPECT TO (list regulation name & number):			
VIII. PAST REGULATORY ACTIONS			
<input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (summarize below)			
IX. INSPECTION ACTIVITY (past or on-going)			
<input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
X. REMEDIAL ACTIVITY (past or on-going)			
<input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.			

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ATTACHMENT B
REJECTION FORM

HAZSIT #
TX 3107

SITE NAME
Foley, Alvin E
TXD0403276d0

FORM # and
DATE COMPLETED by STATE

T2070-2
11/18/83

EXPLANATION FOR REJECTION:
(DEFICIENCIES)

Section III. D in complete

SUGGESTED REMEDY FOR
DEFICIENCIES:

SIGNATURE: A. L. GARNER

NAME OF REVIEWER

DATE: 1/4/84

SUPERFUND FILE

NOV 13 1994

REORGANIZED

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